

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1445 New York Avenue NW

Ste 800

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2011

through

02

28

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

03

18

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 21

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M M
0 2D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 2D D
2 8Y Y Y Y
2 0 1 1

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 Y Y Y Y 2011 | | 257375.07 |
| (b) Cash on Hand at Beginning of Reporting Period | 272790.66 | |
| (c) Total Receipts (from Line 19) | 21500.01 | 37215.01 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 294290.67 | 294590.08 |
| 7. Total Disbursements (from Line 31) | 75303.55 | 75602.96 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 218987.12 | 218987.12 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 21

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 2 | 0 | 1 | 2 | 0 | 1 | 1 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 2 | 2 | 8 | 2 | 0 | 1 | 1 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 18440.55 | 32441.55 |
| (ii) Unitemized | 3059.46 | 4773.46 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 21500.01 | 37215.01 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 21500.01 | 37215.01 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 21500.01 | 37215.01 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 21500.01 | 37215.01 |

DETAILED SUMMARY PAGE

of Disbursements

4 / 21

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 203.55 | 502.96 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 203.55 | 502.96 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 75000.00 | 75000.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 100.00 | 100.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 100.00 | 100.00 | |
| 29. Other Disbursements..... | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 75303.55 | 75602.96 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 75303.55 | 75602.96 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 21500.01 | 37215.01 |
| 34. Total Contribution Refunds (from Line 28(d)) | 100.00 | 100.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 21400.01 | 37115.01 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 203.55 | 502.96 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 203.55 | 502.96 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Clay J Cockerell

Mailing Address 4312 Arcady

City

Dallas

State

TX

Zip Code

75205-3704

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cockerell & Associates

Occupation

Dermatologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 3 | / | 2 | 0 | 1 | 1 |

Transaction ID: AA1567C3B78834928A3A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jessica J. Krant

Mailing Address 220 W 71st St
Apt 3

City

New York

State

NY

Zip Code

10023-3747

FEC ID number of contributing
federal political committee.**C**Name of Employer
SUNY Downstate Medical Ce-
nter

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: A0C861D49BAC346B0820

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michel A. McDonald

Mailing Address 319 Lynnwood Blvd

City

Nashville

State

TN

Zip Code

37205-2928

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: A5BA4197296E242E2B1B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Sandra I. Read

Mailing Address 6915 Radnor Rd

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.55

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: A7084EBEF03C04283868

Amount of Each Receipt this Period

454.55

B.

Full Name (Last, First, Middle Initial)

David L. Hurt

Mailing Address 21554 Mountsfield Dr

City

Golden

State

CO

Zip Code

80401-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: AC64877A7FC52442FBB7

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Linda Susan Marcus

Mailing Address 436 William Way N

City

Wyckoff

State

NJ

Zip Code

07481-1710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: AA4E577172B6C49579CB

Amount of Each Receipt this Period

251.00

SUBTOTAL of Receipts This Page (optional)

955.55

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Eduardo G. Rivera

Mailing Address 3652 Shoshonee Dr

City

Columbus

State

IN

Zip Code

47203-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Solutions

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: AC9F53FFC1DD9454FABE

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Irene Crosby

Mailing Address 12401 SW Terwilliger Blvd.

City

Portland

State

OR

Zip Code

97219-8337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Patient Advocate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: AE3EE4F21CBB649178EB

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Irene Crosby

Mailing Address 12401 SW Terwilliger Blvd.

City

Portland

State

OR

Zip Code

97219-8337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Patient Advocate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: A3A106E11BF3E437D8E9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Lawrence J. Green

Mailing Address 7820 Mary Cassatt Dr

City

Potomac

State

MD

Zip Code

20854-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: A86E68913D2BF46C58A1

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Susan K. Ailor

Mailing Address 380 S. Hallbrook Court

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Missouri

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: A70701F06A1E948EEA95

Amount of Each Receipt this Period

900.00

C.

Full Name (Last, First, Middle Initial)

Brian R. Sperber

Mailing Address 274 Balmoral Way

City

Colorado Springs

State

CO

Zip Code

80906-7915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colorado Springs Dermatol-
ogy

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: A0FF55032E30549D790A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Hazle Smith Konerding

Mailing Address 205 Cyril Ln

City

Henrico

State

VA

Zip Code

23229-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: AD12DFFD756424D14AFF

Amount of Each Receipt this Period

834.00

B.

Full Name (Last, First, Middle Initial)

Terrence A. Cronin, Jr.

Mailing Address 1399 S Harbor City Blvd

City

Melbourne

State

FL

Zip Code

32901-3208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cronin Skin Cancer Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: AE1E47D1634B043AE99B

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Clay J Cockerell

Mailing Address 4312 Arcady

City

Dallas

State

TX

Zip Code

75205-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cockerell & Associates

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: A4195F44E871F4EFA895

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1834.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Margaret E. Parsons

Mailing Address 2561 E Tiffany Ln

City

Sacramento

State

CA

Zip Code

95827-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: AF9A328C593374EB2B6F

Amount of Each Receipt this Period

251.00

B.

Full Name (Last, First, Middle Initial)

Kelley Pagliai Redbord

Mailing Address 2425 L St NW
Apt 210

City

Washington

State

DC

Zip Code

20037-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Surgery Group
of Northern

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: AD511592DED204113898

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marc E. Boddicker

Mailing Address 705 Columbus St

City

Rapid City

State

SD

Zip Code

57701-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology Cent-
er, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: A79907A46338C444C9E5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1251.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

David F. Butler

Mailing Address 3627 Fall Creek Ln

City

Temple

State

TX

Zip Code

76504-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott and White ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: AC175F94A84F846639B5

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alexander Miller

Mailing Address 5823 E Crater Lake Ave

City

Orange

State

CA

Zip Code

92867-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: ABBA1E88A263F4C56934

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bruce A. Brod

Mailing Address 831 Robert Dean Dr

City

Downingtown

State

PA

Zip Code

19335-4464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 0 | / | 2 | 0 | 1 | 1 |

Transaction ID: A651C10A150D54E74B40

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Patrick Robert Feehan

Mailing Address 584 Northlawn Dr

City

Lancaster

State

PA

Zip Code

17603-2381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: AD4740FAFF80A4423BC2

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jack S. Resneck, Jr., Jr.

Mailing Address 312 H Street

City

San Rafael

State

CA

Zip Code

94901-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCSF School of Medicine

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 1 1

Transaction ID: AF8CF18C8DB4D46A6B63

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mary E. Maloney

Mailing Address 16 Explorers Way

City

Holden

State

MA

Zip Code

01520-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Div of Derm, UMMHC

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: AE609E95886A64DAF973

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Craig Garrett Burkhardt

Mailing Address 104 Teagan Ct

City

Chapel Hill

State

NC

Zip Code

27516-4372

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Univ of NC at Chapel
Hill

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: A54BF8C4C7E3F4E43A46

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ronald L. Moy

Mailing Address 2934 N Beverly Glen Cir
485

City

Los Angeles

State

CA

Zip Code

90077-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: A785DCCC09D8447C6BF1

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Chad L. Prather

Mailing Address 1737 May Street

City

Baton Rouge

State

LA

Zip Code

70808-2074

FEC ID number of contributing
federal political committee.

C

Name of Employer
DermaSurgery Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: AE8B114DF9D76454393B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Rudolf Strnot, Jr.

Mailing Address 7301 Briarhurst Dr

City

Lincoln

State

NE

Zip Code

68506-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strnot Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: AEDD5B1E0956141A68BD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

18440.55

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 21

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement VS/MC Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B6B281E2296B24B3E905</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.00"/></p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement VS/MC Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B451D6AC0C1E44EAD9B8</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="71.14"/></p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement Aristotle Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: BBE4A96A868174E058D9</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.25"/></p> |

SUBTOTAL of Disbursements This Page (optional)

127.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 21

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Merchant Services

Mailing Address PO Box 6603

City
Hagerstown

State
MD

Zip Code
21741-6603

Purpose of Disbursement
Aristotle Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B81551FE297514992968

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

177.39

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other2011

Transaction ID: B013454FDE633417688A

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

15000.00

B. Full Name (Last, First, Middle Initial)
Upton for All of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
Rep. Fred Upton

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: BE4AF947E8ABC4B8AA09

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other2011

Transaction ID: B18874275E21242BBBF1

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

32500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 21

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Michael Burgess for Congress | Transaction ID: B24C453D40CC6495BAC1 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 2334 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 5 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 5 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Denton State TX Zip Code 76202 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement | <table border="1"> <tr> <td>2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Rep. Michael C. Burgess | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee | Transaction ID: B752B492F26F94ADB952 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 425 Second Street NE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 5 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 5 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement | <table border="1"> <tr> <td>15000.00</td> </tr> </table> | 15000.00 | | | | | | | | | | | | | | | | | | | |
| 15000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011 | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee | Transaction ID: B9A70AAFA3A094279B68 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 430 South Capitol Street, SE 2nd Floor | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 5 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 5 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement | <table border="1"> <tr> <td>15000.00</td> </tr> </table> | 15000.00 | | | | | | | | | | | | | | | | | | | |
| 15000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011 | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

32500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 21

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other2011

Transaction ID: B31477992D43949209DA

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Glacier Pac

Mailing Address 3242 Cummins Way

City
Missoula

State
MT

Zip Code
59802

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Other2011

Transaction ID: B0CAA35A3619E42A7A3B

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

75000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 21

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Randi Elizabeth Rubenzik

Mailing Address 10565 N Tatum Blvd
Ste B116

City State Zip Code
Paradise Valley AZ 85253-1095

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BBF50BC01C06843BF8DF

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00